

CERTIFICATE NUMBER \_\_\_\_\_  
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\*\*\*\*\*TO BE USED AS A GUIDE ONLY\*\*\*\*\*

Please contact NCIE to obtain the bilingual health certificate.

SEPTEMBER 1995

IMPORT HEALTH REQUIREMENTS OF HUNGARY FOR  
HORSES EXPORTED FROM THE UNITED STATES

Sender Country United States of America

Competent Ministry USDA, APHIS, Veterinary Services

Relevant Animal Protection Certificate for this consignment \_\_\_\_\_

I. Identification of the animal

Species	Breed/Age/Sex	Method of identification and identification marks*
horse/donkey/mule		

\* For the purpose of identifying a perissodactyl animal, this certificate may be accompanied by a horse passport showing the registration number.

a. Number of document/or horse passport to be used for identification

b. Issued by/Name of competent authority \_\_\_\_\_

II. Origin and destination of the animal

Dispatched from where: \_\_\_\_\_

Directly to: \_\_\_\_\_  
(point of destination)

on own feet      OR

by rail, truck, airplane, or ship \_\_\_\_\_

The mode of transportation, vehicle identification number, flight number  
(name of registered carrier must be described here.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and address of sender: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and address of consignee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Information concerning health status of animal

The Undersigned hereby certifies that the animal described above meets the following requirements:

- a. In the country of origin the following diseases must, by law, be reported to authorities: African horse fever, horse breeding paralysis, strangles, horse encephalomyelitis (in all forms of manifestation, including VEE), infectious anaemia, stomatitis vesicularis, lyssa, and anthrax.
- b. No clinical symptoms indicative of disease were observed during veterinary examination performed on this day.
- c. The animal is not intended for slaughter under a national program of infectious or contagious diseases eradication.
- d. The animal has been resident during the last 3 months preceding dispatch (or since birth if less than 3 months old) on holdings under veterinary supervision in the country of dispatch. For 30 days prior to dispatch, the animal has been kept apart from equidae not of equivalent health status.
- e. The consignment originates from a territory where the following regulations are in force, and:
  - i) Where no case of Venezuelan horse encephalomyelitis has been recorded during the last 2 years;
  - ii) Dourine has not occurred during the last 6 months;
  - iii) Strangles has not occurred during the last 6 months;
  - iv) And on the other hand, no case of stomatitis vesicularis has been recorded during the last 6 months;

OR on the other hand,

The animal had been subjected on (date) \_\_\_\_\_ day \_\_\_\_\_  
\_\_\_\_\_ month \_\_\_\_\_ year

(within the last 21 days prior to dispatch) to a virus neutralization test performed by blood analysis, and in which a

1:12 serum dilution proved negative in the stomatitis vesicularis test;

- v) For uncastrated male animals, on the one hand, no case of equine viral arteritis (EVA) had been confirmed by authorities during the last 6 months;

OR

The animal had been subjected on (date) \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year  
(within the last 21 days prior to dispatch) to blood analysis for EVA by a virus neutralization test which proved negative and in which a 1:4 plus serum dilution had been used;

OR

The sperm of the animal had been subjected on (date) \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year  
(within 21 days prior to dispatch) to a virus isolation test proving negative with respect to EVA.

- f. The consignment does not originate from a territory being affected by African horse sickness. On the one hand, the animal could not receive preventive vaccination against African horse sickness,

OR

the animal received on \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year preventive vaccination against African horse sickness.

- g. The facilities hosting the animal had not been recently subjected to enforced isolation due to any infectious disease, and the animals' last stay was in facilities (stud-farm), for which no such cases with regard to the equidae species had been recorded.

i) No perissodactyl animal had been slaughtered by reason of horse encephalomyelitis during the last 6 months prior to date.

ii) If a case of infectious anaemia occurred before the day of issue, and the diseased equidae were slaughtered - all remaining animals had proved negative in the Coggins test performed twice at the end of two subsequent 3-month periods,

iii) Stomatitis vesicularis for 6 months,

iv) For lyssa 1 month after the case, and

v) For anthrax 15 days after the last case.

If any animal had to be killed for reasons of infectious disease with subsequent disinfection of the housing facilities, such facilities had not been used for 30 days after evacuation and disinfection, except 15 days in the case of anthrax.

- h. The animals show no clinical signs of contagious equine metritis (CEM) and do not come from holdings where there have been any suspicion of CEM during the past 2 months. The animals had no

contact indirectly or directly through coitus with equidae infected or suspected of having CEM.

- i. To the best of my knowledge, the animals have not been in contact with equidae suffering from any infectious or contagious diseases in the 15 days prior to this declaration.
- j. On (date) \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year (within the last 21 days prior to dispatch) the animals proved negative with respect to:
- One Coggins test for infectious anaemia,
  - A complement fixation test for glanders (serum dilution 1:10),
  - and
  - A complement fixation test for dourine (serum dilution 1:10).
- IV. The animal will be sent in a vehicle cleaned and disinfected in advance with a disinfectant officially recognized in the country of dispatch and designed in a way that droppings, litter, or fodder cannot escape during transportation.

The following written declaration of the animals' owner or of the owner's proxy is part of this certificate:

- V. This certificate is valid for 10 days. In case of sea-transport, the validity is extended by the duration of transit.

_____ Date	_____ Name of USDA accredited veterinarian	_____ Signature of USDA accredited veterinarian
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_____ Date	_____ Place	_____ Stamp* and signature of the official Federal Veterinarian
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Use capital letters and indicate professional title and State service ranking.

\* Color of stamp must differ from the printed color of this form.

**CERTIFICATE**

\_\_\_\_\_ I, the undersigned (Name, capital letters) (owner of the animal), or proxy hereby certify:

1. The animal will be sent directly from the premises of destination without coming into contact with other equidae not of the same health status. The transportation will be affected in such a way that the health and well being of the animal can be protected affectively.
2. The animal had been kept since birth at \_\_\_\_\_ (country of dispatch, town of dispatch) or had been imported into the country of dispatch 90 days or more prior to dispatch.

\_\_\_\_\_  
(Date and place)

\_\_\_\_\_  
(Signature)